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maintenance fee notificat				,	and the contraction of the contr	illic TEE ADDRESS TO	
CURRENT CORRESPONDE	ENCE ADDRESS (Note: Use Bl	ock 1 for any change of address)	Fee( pape	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Stricker Stricke 103 East Neck R Huntington, NY	oad	/2006		Cert	ificate of Mailing or Trans s Fee(s) Transmittal is being ith sufficient postage for firs Stop ISSUE FEE address TO (571) 273-2885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.	
		•				(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/762,007	10/01/2004		Manfred-Otto Staebeler		1441	6525	
09/762,007 10/01/2004 Manfred-Otto Stabbeler 1441 6525  TITLE OF INVENTION: HAND-GUIDED JIG SAW MACHINE  HIST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  Manfred-Otto Stabbeler 1441 6525  FIGURE 1441 6525							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$0	\$1400	03/19/2007	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]			
PAYER, HWEI SIU CHOU 3724		083-783000	•				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Robert Bos	ch GmbH		Stuttgart,	Germany			
Please check the appropriate assignee category or categories (will not be printed on the patent):							
	Io small entity discount p		D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
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5. Change in Entity Sta  a. Applicant claim	tus (from status indicate s SMALL ENTITY state	,			LL ENTITY status. See 37 C		
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Authorized Signature	/ Mic	nael J. Striker /		Date 02	/23/2007		
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